

RECEIVED

DEC 14 2012

OFFICE OF INSPECTOR GENERAL

Application for License to
Operate a Long-term Care Facility

For Office Use Only
Received 12.14.12
Amount \$ 990.-

mailed validation
letter 12/27/12

Ch#
673463

I. IDENTIFICATION

Name

Bowling Green Health Facilities, L.P. dba Bowling Green Nursing and Rehabilitation Center

Address

1561 Newton Avenue .

City/County/Zip

Bowling Green, KY 42104

Telephone number

270-842-161

Administrator

Brian Ford

Date facility operation began at current address 1969

Date facility began operation under current owner 07/01/2012

II. TYPE BEDS

No. beds licensed

No. beds requested

Skilled

Nursing Home

Nursing Facility

Intermediate Care

ICF/MR

Personal Care

66

II. CONTROL (check one in each column)

☐ State
☐ County
☐ City
☒ Private

☒ Profit
☐ Nonprofit

☐ Individual
☒ Partnership
☐ Corporation

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Bowling Green Health Facilities GP, LLC - General Partner - 5500 W Plano Pkwy, Plano, TX, 75093

Thomas D Scott, Limited Partner - 5500 W Plano Pkwy, Plano, TX, 75093

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation N/A

Address of corporation _____

President or Chairman _____

Vice President _____

Secretary _____

Treasurer _____

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility. See Attachment "A"

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. n/a

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. See Attachment "A"

Name and address of parent corporation and/or management company, if applicable.

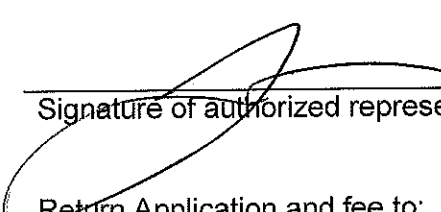
Parent
n/a

Management Company
Kentucky Partners Management, LLC

5420 W Plano Pkwy

Plano, TX 75093

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.



Signature of authorized representative

Manager of GP
Title

12/11/2012

Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)

Attachment A

Ownership for Bowling Green Health Facilities, L.P.

- Bowling Green Health Facilities GP, LLC– General Partner, 1%, 5500 W Plano Pkwy, Plano, TX, 75093
- Thomas D Scott – Limited Partner, 99%, 5500 W Plano Pkwy, Ste 210, Plano, TX, 75093